

Knobbe Martens Olson & Bear LLP

Intellectual Property Law

620 Newport Center Drive
Sixteenth Floor
Newport Beach, CA 92660
Tel 949-760-0404
Fax 949-760-9502
www.kmob.com

David N. Weiss

BOX PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : RIGHTLN.001A

Applicant(s) :

For : INTEGRATED MEDIA MANAGEMENT
AND RIGHTS DISTRIBUTION APPARATUS

Attorney : David N. Weiss

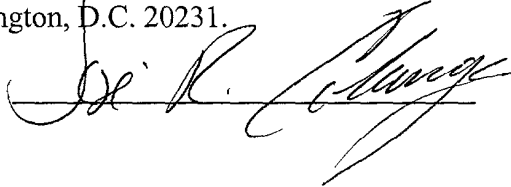
"Express Mail"
Mailing Label No. : EL846930503US

Date of Deposit : December 28, 2001

I hereby certify that the accompanying

Transmittal letter; specification in 52 pages; 33 sheets of drawings; Return
Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to
Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the
Assistant Commissioner for Patents, Washington, D.C. 20231.



L:\DNW-3855.DOC· clk
122701

San Diego
619-235-8550

San Francisco
415-954-4114

Los Angeles
310-551-3450

Riverside
909-781-9231

JC892 U.S. PTO
12/28/01

1-41-02

A

PATENT

Attorney Docket No. RIGHTLN.001A
Date: December 28, 2001
Page 1

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s):

For:

REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

INTEGRATED MEDIA MANAGEMENT AND RIGHTS DISTRIBUTION APPARATUS

Enclosed are:

- (X) Thirty-three (33) sheets of drawings.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$740	\$740
Total Claims	29 - 20 =	9 ×	\$18	\$162
Independent Claims	4 - 3 =	1 ×	\$84	\$84
If application contains any multiple dependent claims(s), then add			\$280	\$-0-

FILING FEE TO BE PAID \$986
AT A LATER DATE

- (X) Please use Customer No. 20,995 for the correspondence address.

David N. Weiss
David N. Weiss
Registration No. 41,371
Attorney of Record